

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program
Actual Expenditures Report
SUMMARY SHEET

Gra _____
Aw _____

Project Name or Description	<input type="checkbox"/> Crisis Residential
	<input type="checkbox"/> Crisis Stabilization
	<input type="checkbox"/> Mobile Crisis Support Team

CHFFA Project _____
Pho _____
Fax _____
E-Mail: _____

Lead Grantee: _____

Cost Type(s)	CHFFA Approved	Actual Expenditures	
Purchase of real property (Attachment A):	\$ _____	\$ _____	_____
Construction or renovation (Attachment B):	\$ _____	\$ _____	_____
Furnishings or equipment (Attachment C)	\$ _____	\$ _____	_____
Information technology hardware and software (Attachment D):	\$ _____	\$ _____	_____
Program startup or expansion costs (Attachment E)	\$ _____	\$ _____	_____
Personnel Funding (Attachment F)	\$ _____	\$ _____	_____
Less: Other funding sources (list) _____	(\$ _____)	(\$ _____)	_____
_____	(\$ _____)	(\$ _____)	_____
_____	(\$ _____)	(\$ _____)	_____
TOTAL:	\$ _____	\$ _____	_____
	\$ _____		

I certify that to the best of my knowledge, the information contained in this report form and the accompanying attachments are true and accurate. I understand that misrepresentation in the cancellation of the grant and other actions where authority is authorized to take.

By (Print Name of Authorized Officer) _____

Signature _____

Title _____

Date _____

Phone: _____

Email: _____

Please check applicable reporting period

- ☐ Mid-year Due within 45 days following June 30
☐ End of year Due within 45 days following December 31
☐ Final Due within 60 days of project completion

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Purchase of Real Property**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Contractor	Contract/Inv. Date	Contract Inv. Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST – PURCHASE OF REAL PROPERTY (All pages):				

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Construction or Renovation**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Document Description	Date of Document	Description	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL DISBURSEMENT REQUEST – CONSTRUCTION OR RENOVATION (All pages			

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 items are to be list pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Furnishings or Equipment**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- FURNISHINGS OR EQUIPMENT (

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Information Technology Hardware and Software**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTAL DISBURSEMENT REQUEST -- INFORMATION TECHNOLOGY HARDWARE AND SOFTWARE (

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Program Startup or Expansion Costs**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- PROGRAM STARTUP OR EXPANSION COSTS (

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Personnel Funding**

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- PERSONNEL FUNDING (

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program**
Actual Expenditures Form – _____

Grant # MH-: _____

Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- EXTRA PAGE (All				

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed pages and please note total number of